$_{\text{Form}} 990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

nternal F	levenue :	Service	The organization this) and ending		
		011 calend	dar year, or tax year beginning	D Employer identificati	on number
3 Chec			of organization		
	ddress hange		ING FOR OUR CHILDREN FOUNDATION	91-212	5851
	lame hange	Doing f	Business As er and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	2 0742
	nitial eturn	Numbe	er and street (of P.U. 00X I mail is not delivered to success.)		505 082
	ted ermin-	561	2 EVERGREEN WAY	G Gross receipts \$	595,082.
السيا	vmended etvrn	City or	town, state or country, and ZIP + 4 REPT WA 98203	H(a) Is this a group retur	m ☐Yes X No
إلـــا	on cending	EAR		for affiliates?	
•	,,,,,,,,,,	F Name	and address of principal officer:	H(b) Are all affiliates includ	en/ tes no
			X 501(c)(3)	7 If "No," attach a list	(, (388 listractions)
I Ta	x-exem	ipt status:	CARINGFOROURCHILDRENFOUNDATION. ORG	H(c) Group exemption n	state of legal domicile:
J We	ebsite:	MAIN	Corporation Trust Association Other	r of formation; MS	tuto or toget or
K FOI	m or or	rganization: Summar	V GRATING PO	OUR CHILDRE	V
انف	4 0	dolly does	ribe the organization's mission or most significant activities: CARING FO	TNISTRATIVE H	ELP; IT
8	1 Bi	OUNDA	ribe the organization's mission or most significant activities: CARING FO TION ASSISTS OTHER NON-PROFITS WITH ADM	then 25% of its net asse	ets.
Activities & Governance					3
Ž	3 N	lumber of \	box	4	5
8	A N	lumber of i	voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1b)	5	
مخ د					0
휥					0.
ᇂㅣ					0.
٩	b N	let unrelat	ated business revenue from Part VIII, column (0), and 12 ed business taxable income from Form 990 T, line 34	Prior Year	Current Year
-			r en	666,286.	595,082.
اہ	8 (Contributio	ons and grants (Part VIII, line 1h)	0.	0.
ğ				0.	0.
Revenue				0.	595,082.
۳ ا	11 (Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	666,286.	1,802.
	12	Total rever	nue (Part VIII, column (A), lines of ost of Part VIII, column (A), line 12)	7,630.	1,802.
	13 (Grants and	d similar amounts paid (Part IX, column (A), lines 1-3) aid to or for members (Part IX, column (A), line 4)	0.	18,680.
	14 1	Benefits p	aid to or for members (Part IA, Colontit (Pyrimo), ther compensation, employee benefits (Part IX, column (A), lines 5-10)	35,510.	301,290.
8	15	Salaries, o	ther compensation, employee benefits (Column (A), line 11e)	569,222.	
Expenses			nal fundraising fees (Part IX, column (A), line 11e) raising expenses (Part IX, column (D), line 25) (A) line 11d 11d 11d 24e)	78,531.	289,638.
Ř				690,893.	611,410.
ш			A A PROPERTY AND A TOMOR PORTING PARTY IN CONTRICT OF THE PROPERTY AND A STATE OF THE	-24,607.	
	18	Total expe	less expenses. Subtract line 18 from line 12	Baginning of Current Year	End of Year
	19	Revenue	188S EXPERSOS: CEDITOR	355.	5,268.
t Assets or a		T-1-1	ets (Part X, line 16)	18,108.	42,049.
SSS	20		0.00	-17,753.	-36,781.
		_	to de la socia Subtract line 21 from line 20		
F	art II	Signa	is or fund balances. Subtract interests or fund balances. Subtract interests of including accompanying schedules and striury, I declare that I have examined this return, including accompanying schedules and striury. I declare that I have examined this return, including accompanying schedules and striury.	atements, and to the best of m	y knowledge and belief, it is
Ho	ter pen	aities of per	rjury, I declare that I have examined this return, including accompanying schedules the or plete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
tru	e. corre	ct, and com	iplete. Declaration of greparer tother than officer; is based on an information of them.		
		1		Uate,	1
Sig	an	Sign	nature of officer	1/3	13
-	re	 			TY PYIN
		1,7	12 Marillainantared	Date Check	
_		PrinVTyp	18 preparer 3 marro	01/02/13 self-emplo	P01075869 22-3587030
Pa			IN S. ELLER MARTIN ELLER & ASSOCIATED LLC	Firm's EIN	44-3501030
	eparer	Firm's na	TO THE PARTY OF TH		201-444-8850
Us	e Only	Firm's ac	WYCKOFF, NJ 07481	Phone no.	X Yes No
_		ــــــــــــــــــــــــــــــــــــــ	es this return with the preparer shown above? (see instructions)		Form 990 (2011)
• •		IDC dient	OS THIS THILLIT WHILL UID PAOPLE OF THE PRINCE OF THE PRIN		LOTHI ADA (FOLI)

	990 (2011) CARING FOR OUR CHILDREN FOUNDATION	91-2125851	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:	***************************************	,
•	CARING FOR OUR CHILDREN FOUNDATION ASSISTS OTHER NON-PR	עתדע פתדעט	
			<u> </u>
	ADMINISTRATIVE HELP; IT GIVES SMALL GRANTS FROM NET PRO		
	KNOWN, UNDER-FUNDED NONPROFITS AIDING VICTIMIZED & MISS		<u> </u>
	VOLUNTEER CHILD SAFETY CALL-TO-ACTION IS PRESENTED TO A	NATIONWIDE	
2	Did the organization undertake any significant program services during the year which were not listed on		
_		Yes	T No
	the prior Form 990 or 990-EZ?	165	LALINO
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? □Yes	Noلکتا
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expense:	S .
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	others, the total expenses, and revenue, if any, for each program service reported.		-
		570	280.)
4a	(Coda:) (Exponess 294, 985. including grants of \$) (Rever	mo \$	200.
	PROVIDING GRANTS TO 501(C)(3)ORGANIZATIONS OR THEIR		
	RESPECTIVE EQUIVELENT IN OTHER COUNTRIES SERVING CHILDR		
	MAY ALSO BE VICTIMS OF CRIME AND/OR ABUSE; TO EDUCATE T	HE PUBLIC WH	ERE
	TO TURN FOR HELP AND AVAILABLE RESOURCES. TO OPERATE A	PILOT PROJE	CT
	OF WHICH THE PROGRAM WAS JOB TRAINING AT THE FOUNDATION		
	OPERATING IN IT IS 2ND YEAR.	<u> </u>	
	OPERATING IN II IS ZND IBAR.		
4b	(Codo:) (Exponsos \$) (Rover	100 \$)
		·	
			
4c	(Code:) (Exponess \$ including grants of \$) (Rover	nua \$)
			
			
		·	
4d	Other program services (Describe in Schedule O.)		
74		1	
_			
40	Total program service expenses ▶ 294,985.		00 (0044)

Form 990 (2011)

Part IV Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 110 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 12a Dld the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional....... 12b Is the organization a school described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? _____

91-2125851 Page 4 CARING FOR OUR CHILDREN FOUNDATION Form 990 (2011) Part IV | Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete X 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 29 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 33 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 $\overline{\mathbf{x}}$ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of X 35b section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Vi

Did the organization complete Schedule O and provide explanations in Schedule O for Part Vi, lines 11 and 19?

Note, All Form 990 filers are required to complete Schedule O

38

37

X

Form 990 (2011) CARING FOR OUR CHILDREN FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

Par	Check if Schedule O contains a response to any question in this Part V				1	
	Check if Schedule O contains a response to any question in the Late	······		T	Yes	No
	The state of the s	l 1a	l of			
18	Enter the number reported in Box 3 of 1 offit 1000; Circle of the approach	115	0			
b	Enter the number of Forms W-2G included in line 1a. Enter ·O· if not applicable	enorte	ble gaming			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and n			1c		٠.
	(gambling) winnings to prize winners?	i			20.14	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a	4			
	filed for the calendar year ending with or within the year covered by this return		ا 	2b	\mathbf{x}	
þ	If at least one is reported on line 28, did the organization life all required to e-file (see instruction)	al al		3.4		y is the
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	٠,		38		X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•••••		3b	\neg	
b	M. ANS ILLIERO & COLLI 220-1 for may Again in 140) bronner and a facility	•••••			$\neg \uparrow$	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	accol	nt)?	4a]	X
	financial account in a foreign country (such as a bank account, securities account, or other financial	40000				
b	If "Yes," enter the name of the foreign country:	Accou	ents			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	oiton	?	5b	\neg	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transc	2011011	·	5c		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	he om	anization solicit			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	110 016	WINDERGOTT GOILGIT	6a	ŀ	X
	any contributions that were not tax deductible?	tions	or aifts		$\neg \neg$	
b	if "Yes," did the organization include with every solicitation an express statement that such contribu		51 gillo	6b	.	
	were not tax deductible?	••••••	***************************************		85.A3	
7	Organizations that may receive deductible contributions under section 170(c).	rvicas	provided to the payor?	7a		X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	,,,,,,,,		7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vas re	nuired			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	10010	40	7c		X
	to file Form 8282?	7d		强症		77.2
d	If "Yes," Indicate the number of Forms 8282 filed during the year	-		7e		
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	tract?		7f		
f	Did the organization decree any tuning the year, pay premiums, directly or indirectly, on a personal benefit control the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control the organization file is	orm 8	899 as required?	7g		
g	lif the organization received a contribution of qualified intellectual property, did the organization file file organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a	etion	file a Form 1098-C?	7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vertices, and the organizations. Sponsoring organizations maintaining donor advised funds and section 508(a)(3) supporting organizations. It	Old the	supporting	3 a		15 d S
8	Sponsoring organizations maintaining donor advised titus and section doctate) organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any ti	me during the year?	8		
	organization, or a donor advised fund maintained by a sponsoring organization, may occase a series of funds	•				- T
9	Sponsoring organizations maintaining donor advised funds.			9a		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
þ	Did the organization make a distribution to a donor, donor advisor, or related person					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	108				
а	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
b	Gross receipts, included on Form 990, Part Viii, line 12, for public 450 of the first sections.					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	118	<u> </u>			
а	Gross income from other sources (Do not net amounts due or paid to other sources against					
b	amounts due or received from them.)	11k	ol			
	section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 104	1?	12a	<u> </u>	
12a	Section 4947(a)(1) non-exempt character trusts is the organization language. If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12t)			
	If "Yes," enter the amount of tax-exempt interest received at desired an approximately the state of the state			14.5.2.7.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Is the organization licensed to issue qualified fleatin plans in floor dual fleating fleats in floor dual fleating fl					
_	Note. See the instructions for additional information the diganization most report to be an expense of the control of the states in which the					
b	enter the amount of reserves the organization is required to maintain by the organization is licensed to issue qualified health plans	131			1	1.50
		1.13	:			
				14a	—	X
148	Did the organization receive any payments for indeed change of "No," provide an explanation in Schedule 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 1f "No," provide 2f "No," pr	ule O		14b		
0	11 100, 1100 H 100 L 10111 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Forn	n 990	(201)

CARING FOR OUR CHILDREN FOUNDATION 91-2125851 Page 6 Form 990 (2011)

	Check if Schedule O contains a response to any question in this Part VI	40.02		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	367F	10	
_	officer director trietge or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			i
•	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was illed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
-	Did the experiention have members or stockholders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
78		7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'		
D	the the gaverning hady?	7b		X
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	13.5	1	
8	Did the organization contemporariedusly document are meetings not of	8a	X	<u> </u>
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body:			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9	l	X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
		10a		X
10a	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	1
11a	and branches to ensure their operations are consistent with the organization of the source their operations are consistent with the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	4.5		
b	Describe in Schedule O the process, if any, used by the organization to review this round above.	12a	1 40	1
	the second policy? If "NO " OD ID IOB 13	12b	X	1
b	The standard and bou employees required to disclose annually little ost that could give not to dominate.			\top
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? " 100, upon the policy?"	12c	x	1
	Is Cabadula O how this was done	13	X	+-
13	The state of the s	14	X	十
14	to the deciment retention and destruction policy?	14	1	
15	This is a second for determining compensation of the following persons include a review and approval by indepartment			
	and contemporaneous substantiation of the deliberation and decision	467.	X	
_	The appropriate CEO Executive Director, or top management official	15a	X	+
8	Other officers or key employees of the croanization	15b	1	+
	A second to the describe the process in Schedule O (see INSTRUCTIONS).			
40	If "Yes" to line 15a or 15b, describe the process in ostroctic pate in a joint venture or similar arrangement with a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			١.,
		16a	[[] <u>11</u> - √ • •	X
_	to be a substitute association follow a written policy or procedure requiring the organization to evaluate to participation			1
b	If "Yes," did the organization to low a whiten policy or provide the organization of t	150		1 39
	In joint venture arrangements under application todays the same status with respect to such arrangements?	16b		
_	A St. January			
Sec	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
17	List the states with which a copy of this Form 990 is required to be liked? Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availa	ble	
18	Section 6104 requires an organization to make its Forms 1625 (or 1624 it applies to 1644 it apply for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and fina	ancial	
19				
	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organic	ation:	▶_	
20	State the name, physical address, and telephone number of the person with possesses the books and received MELODY GIBSON - 877-203-0742			
20				

Form 990 (2011) CARING FO	R OUR C	HILI	DRE	N F	OUI	DATION	91-21258	351 Page 7
Form 990 (2011) CARING FO Part VIII Compensation of Officers, D Employees, and Independent Check if Schedule O contains a respo								
Section A. Officers, Directors, Trustees, Koy E 1a Complete this table for all persons required to be list • List all of the organization's current officers Enter 0- in columns (D), (E), and (F) if no compens	ed. Report comp directors, true ation was paid ployees, if any	id High pensation stees (v l. . See in	n for the wheth estruc	tions	endar dividu for de	year ending with or within thats or organizations), regulations of "key employed to the trustee or key employed the trustee or key employed to the trustee	ne organization's tax year. ardless of amount of c e."	ompensation.
List the organization's five current rights to impercompensation (Box 5 of Form W-2 and/or Box 7 of Form List all of the organization's former officers, reportable compensation from the organization are a list all of the organization's former director.	1099-MISC) of key employee and any related rs or trustees	more the s, and organize that re-	nan \$1 highe ation ceive	00,00 st co s. d, in 1	0 from impen the ca	the organization and any re sated employees who re pacity as a former direct	nated organizations. Eceived more than \$10 For or trustee of the org	ganization,
more than \$10,000 of reportable compensation for List persons in the following order: Individual trust and former such persons. Check this box if neither the organization necessarily contains the compensation of the contains	(662 01 0116610	10, 11107		,			lirector, or trustee.	
Check this box if neither the organization no (A) Name and Title	(B) Average hours per week	(do not box, uni officer o	Posi check i	') tion nore 1 son is	han one both ar	Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other compensation
	(describe hours for related organizations in Schedule	Matual Brustee or director	Çe.	y employee	ghest compensates splayee	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations

Name and Title	Average hours per week	_	Position do not check more than one ox, unless person is both an difficer and a director/trustee)				no n an tao)	Reportable compensation from	compensation from related organizations	amount of other compensation
	(describe hours for related organizations in Schedule	individual trustee or director	historiana trastee	Officer	Key employee	Highest compensated employee	Formur	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MELODY GIBSON	10.00	х		x	1			0.	0.	0.
TREASURBR (2) ROXANNA KNOWLTON DIRECTOR	1.00							0.	0.	0.
(3) CAROL HOOGEVEEN	1.00							0	. 0.	0.
CHAIRMAN (4) CHAPLAIN CONSTANCE ECHOLS SECRETARY	1.00							0	. 0.	0.
(5) LORNA BRACE PRESIDENT	2.00							0	0	0.
PRESIDENT							L			
										
							_			
										Form 990 (2011)

m 990 (2011) art VII Section A. Officers, Directors, Tro	ustees, Key En	nplo	yee	s, ar	nd H	lighe	st C	ompensated Employ	ees (continued) (E)	(F)	
(A) Name and title	(B) Average	(do.	not c	Posi	ion tion	ihan o		(D) Reportable compensation	Reportable compensation	Estimated amount o	
	hours per week (describe	box, unless person is both an officer and a director/trustee)					66)	from the	from related organizations	other compensati	
	hours for related	e or Grec	ä	ļ		Page 1	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organizatio	on
	organizations in Schedule	ladikidala trustee or director	Institutional trustes	h.	еморию ж	Highest compensated employee	ž			and relate organizatio	
	O)	E B	45 E	Officer	Keye	400	E				
		<u> </u>	-	-	<u> </u>						
		_	L		_						
_					_						
	1	1			T						
		+	+	1	T						
		╁╴	╁	十	\dagger	十	\vdash				
		十	╀	╁	╁	╁	+				
		上			_	Ļ	<u> </u>	0	•	0.	0
1b Sub-total c Total from continuation sheets to Part	VII. Section A					>	•	0	<u> </u>	0.	0
d Total (add lines 1b and 1c)2 Total number of individuals (including bu					aho		vho i	eceived more than \$1	• t		
2 Total number of individuals (including but compensation from the organization	it not minted to									Yes	N
tuckies liet ony former Offic	er, director, or	trus!	tee,	key	emp	otoye	e, or	highest compensated	i employee on	3	X
line 1a? If "Yes," complete Schedule 3 it	שטויוטות ווטטט א	•	•••••	• • • • • • • • • • • • • • • • • • • •			-d -	ther compensation fro	m the organization	建	1 2
and related organizations greater than a	190,00017	, ,		- 4			nrole	ted organization or in	dividual for services	4	
and related organizations greater than \$ 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," or the organization?	or accrue comp complete Schec	oena Julo	J fo	suc	h p	erso)			5 X	<u>ــــــــــــــــــــــــــــــــــــ</u>
Section B. Independent Contractors		lade		don	t co	ntra	ctors	that received more th	an \$100,000 of com	pensation from	
	Colliboring	r vo	ar e	ndln	g wi	th or	with	(B)	{C}	
the organization. Report compensation	for the calenda	1 70									
the organization. Report compensation (A) Name and busin	ICI THE CALOTICE	<u> </u>						Description	of services	Compensat	
the organization. Report compensation (A) Name and busin	ess address			_				Description EDUCATE/FUI	of services	432,	
the organization. Report compensation (A) Name and busin	ess address			_	_			Description	of services		
the organization. Report compensation (A) Name and busin	ess address							Description	of services		
the organization. Report compensation (A) Name and busin	ess address							Description	of services		
the organization. Report compensation (A) Name and busin	ess address							Description	of services		
the organization. Report compensation (A) Name and busin	ess address					thos	e list	Description EDUCATE/FUI	of services		640

	CARTNE FO	OR OUR CHI	DREN FOUNDAT	PION	91-212	851 Page 9
990 (2 F VIII	[.011]		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
4 -	Federated campaigns	1a				
	Membership dues				는 1일 등합니다. 1일 기업 보고 있다.	
0	Fundralsing events	10				
ų	Related organizations	1d				
8	Government grants (contributions)	10				
f	All other contributions, gifts, grants, and similar amounts not included above	11 393,0				
9	Noncash contributions included in lines 10-11; \$ Total. Add lines 12-1f		595,082			
		Business	Code		A 製作。自動品を設めています。	0.0.00000000000000000000000000000000000
2 8						
•	d					
	All other program service revenue					
	4 4-1-1 Brook 20-2f		<u> P. </u>			
4 5	Investment Income (including divident other similar amounts) Income from investment of tax-exe Royalties	mpt bond proceeds				
	· ·	(i) Real (ii) Per	sonal			
6						
	b Less: rental expenses				(1) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	TO THE DESCRIPTION OF SHAPE
Į.	c Rental income or (loss) d Net rental income or (loss)		🕨			
١.	a Gross amount from sales of	Securities (ii) ()ther			
\ '	assets other than inventory					
1	b Less: cost or other basis					
1	and sales expenses					
1	a Gain or floss)					
1	d Net gain or (loss)					
, e	a Gross income from fundralsing ev	ents (not				
	including \$	See				
	contributions reported on line 1c) Part IV, Ilne 18	a				
<u>5</u> .	b Less: direct expenses	b			교통 (소리왕왕의 현대 현대 현대 문항 문항	1.00
5	c Net income or (loss) from fundral	sing events				
1.	a Gross income from gaming activ	1105. 566				
1	Part IV. line 19	*				
1	20200000 Handle	⁹ L			The second second second	
1	c Net income or (loss) from gaming	gactivities				
1	in a Gross sales of inventory, lass re-	rums }		기를 가는 이야한 기술에 함 참하면서 공사 기업을 기술되었다.		기가 아니다 함께 보는 다시하다.
1	and allowances	b				
	b Less: cost of goods sold c Net income or (loss) from sales	at inventory				
-	c Net income or (loss) from said	Busi	ness Code		e i jedaniština •	
-	11 a					
	b					
	c					
	d All other revenue		<u> </u>			0.
	e Total. Add lines 11a-11d		595,C	102	0.	U •1

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Part IX | Statement of Functional Expenses

plete columns (B), (C), and (D). Check if Schedule O contains a response to	any question in this	s Part IX(B)	T	(C)	Func	D) raising
not include amounts reported on lines 6b,	(A) Total expenses	Program service expenses	Manag genera	pement and al expenses	exp	euzea Guzea
on the and 10b of Part VIII.						
County and other assistance to governments alto	1,050.	1,050.				
organizations in the United States. See Part IV, line 21						
Grants and other assistance to individuals in			(1) 基础是1000 1000 在1000			
the United States. See Part IV, line 22						
Grants and other assistance to governments,		a r0				
organizations, and individuals outside the	752.	752	• 13.7 TEAC			
United States. See Part IV, lines 15 and 16			12 (4-2) (427)	<u> </u>		
Benefits paid to or for members			i i			
trustees, and key employees						_ _
Compensation not included above, to disqualified			1			
persons (as defined under section 4958(1)(1)) and		}				
persons (as defined that the persons described in section 4958(c)(3)(B)	45 504	13,196		1,552.		776.
and winders	15,524.	13/200	+			
ni also accruate and contributions (include						
section 40 t(k) and section 403(b) employer contributions}						158.
	3,156	2,682		316.		120.
	3,130				Ì	
- to serious (non-employees):		1	\ _			28.
	284	242	2.	14.		2,508.
	25,076		1.	1,254.	·	2,500.
	25,070					301,290.
	301,290				\	301,230
Professional fundraising services. See Part 14, 1110	301,430				 	
f Investment management fees	200,860	200,86	0.			
- Other	2007000			51		102
Advertising and promotion	509	35	6.		` 	
40 Office excenses						
44 Information technology			~			
4e Dovolties	45,690	45,69	<u> </u>			
16 Occupancy					+	
			- 1			
17 Travel						
for any federal, state, or local public officials						
40 Conferences, conventions, and meetings						
20 Interest						
21 Payments to affiliates						
22 Depreciation, depletion, and amortization						
23 Insurance 24 Other expenses. Itemize expenses not covered 24 Other expenses. Itemize expenses in line 24e. If line						
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line above. (List miscellaneous expenses in line 24e. If line above.)						
above. (List miscellaneous expenses in line 25, 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	10,35	6.2	15.	4,14	3.	1,54
DANK CHARGES	3,09	10 ·1				2,05
TTORNISES	2,28	7 3 1	14.	11		$\frac{2,03}{21}$
DOCTAGE	1,06	$\frac{1}{2}$	44.	10		<u>-</u> 5
MAL EDHONE	1,00		23.	14		308,73
	611,4	294,9	85.	7,69	4.	
The standard over the standard					1	
	'		1		l	
In column (B) inini costs from a continuos					0.	301,29
educational campaign and fundraising solicitation.	502,1	50. 200,8	360.		<u></u>	Form 990 (2

Form 990 (2011) Part X | Balance Sheet (B) (A) End of year Beginning of year 5,268. 355. 1 Cash - non-interest-bearing 2 1 Savings and temporary cash investments 3 2 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10c b Less: accumulated depreciation ______10b 11 Investments - publicly traded securities 12 11 Investments - other securities. See Part IV, line 11 13 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets _____ 15 14 Other assets. See Part IV, line 11 5,268. 355. 16 15 Total assets. Add lines 1 through 15 (must equal line 34) 40,375. 18,108. 17 16 Accounts payable and accrued expenses 18 17 Grants payable _____ 19 18 Deferred revenue _____ 20 19 Tax-exempt bond liabilities 21 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, Liabilities 22 highest compensated employees, and disqualified persons. Complete Part II 1,674. 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties ______ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 42.049 Schedule D 18,108. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. -36,781. -20,453. 27 Net Assets or Fund Balances Unrestricted net assets 28 27 Temporarily restricted net assets 29 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 🕨 🔲 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Pald-In or capital surplus, or land, building, or equipment fund 32 31 Retained earnings, endowment, accumulated income, or other funds -36,781-20,45333 32 Total net assets or fund balances 5,268 -2.34533 Total liabilities and net assets/fund balances Form 990 (2011)

_	CARING FOR OUR CHILDREN FOUNDATION	91-2125	851	Pag	e 12			
Par	AVI Describing of Not Assets			1	_			
	Check if Schedule O contains a response to any question in this Part XI		<u></u>					
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 2 3 4 5 6	595 611 -16 -20	5,08 ,43 5,32 0,4!	10. 28. 53.			
Pa	Check if Schedule O contains a response to any question in this Part XII		·····	Yes	No			
			(F-77-7)	Tes	140			
1 2a b								
C	Were the organization's financial statements addited by an independent assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" of the	,	2c	X	<u></u>			
d	review, or compilation of its financial statements and selection of an independent accountance. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133? Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	sired audit	3b	000				
	of audits, explain why in contection of		Form	330	(2011)			

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer Identification number 91-2125851

e of the organization			DN POI	MDAT.	TON			91-2	125851	
801 1110 018-111	CARING FO	R OUR CHILDR	EN FO	molete thi	s part.) Sec	e instruct	ions.			
rt Reason for	TILL Charles	Cłatike /Ali amanizatioj	IIS IIIUSI LV	inbioid						
				in sectio	11 11 0(0)(1)	16-76-1				
	TIL ASSESS TAIRD	HIRAHIK CALLOS								
A school describe	operative hospital)(1)(A)(II). (Attach Sched service organization desc voted in conjunction with	cribed in se	ction 1/0	myrski kak	7. • 170(b)(n(A)(iii). En	iter the h	ospital's nam	Θ,
C a citizal concept	h organization upe	I alen II i oorijanis II i					-7(-41-)			
A medical research	iii oigaina-iii i	nefit of a college or unive			4 and but 0.00		tal unit des	scribed in		
city, and state	perated for the ber	nefit of a college or unive	rsity owner	d or opera	ted by # A	740111110	1001 01111			
#.**	HERICITAL IN SOUTH AND	rant no				/ \				
section 1/U(b)(i jesel governmeni	Part II.) t or governmental unit de les a substantial part of il	escribed in	section 1	70(B)(T)(A)	(V). ak ar fr	om the ger	eral publ	ic described	in
A federal, state,	bet pormally receiv	t or governmental unit de res a substantial part of it	ts support t	irom a go	vemmentar	unit or in	Olli alo Ber			
)(A)(vi). (Complete		mplete Par	rt II.)			obosebio fe	es and o	ross receipts	from
		(86.11) IIIDIG MEU AA			n contributi	ons, men	Meterubio	nnort frot	n aross inves	ament
An organization	inat nontitally level	tions subject to certain	exceptions	, and (2) r	to more the	30 33 1/3	to organiz	otion afte	r June 30, 19	75.
activities related	to its exempt tone	tions · subject to certain able income (less section	n 511 tax) f	rom busin	esses acq	nited by t	118 Olfanir	ation are	•	
See section 50	(a)(2). (Complete F	Part III.) rated exclusively to test rated exclusively for the lone described in section	for public s	afety, Sec	section 5	ostalia).	- to carry O	ut the DU	moses of one	or or
An organization	organized and ope	rated exclusively for the	benefit of,	to perform	n the functi	ions of, o	E00(a)(3). Check	the box that	
An organization	organized and ope	rated exclusively for the lons described in section	509(a)(1) o	or section	509(a)(2).	see secu	Oli ooslak.	9). • (1.0 =		
						rateo	dlecus	alified pe	rsons other th	nan
a Ll Type I	لسسا D فعطة بكانست ب	the organization is not o	ontrolled d	irectly or i	ndirectly by	y one of t	Mose Cisqu	1/11 or se	ction 509(a)(2	?).
e By checking th	s box, I certily triat	an one or more publicly	supported	organizati	ons descri	bed in se	ni Cliùii anafe	ıj(ı / Oı OO		_
foundation mai	lagers and other th	the organization is not c an one or more publicly en determination from th	e IRS that	it is a Typ	e I, Type II,	or Type	111			□
	ion received & Will	GII COCOLLINIA TOTAL							••••••	
supporting org	anization, check un	s noxston accepted any	y gift or cor	tribution i	from any of	the follo	Mild beiso	halow	Ye	s No
g Since August	7, 2005, has the o	is boxganization accepted any rectly controls, either alcommon accepted arganization?	ne or togel	ther with p	ersons de	scribed if	(ii) and (iii)	Delotti	11g(i)	\top
(i) A person	who directly or inci	rectly controls, either ald apported organization?			•••••					
the gover	ning body of the st	apported organization? In described in (i) above? In compandescribed in (i) 0						• • • • • • • • • • • • • • • • • • • •		$\neg \neg$
(ii) A family	nember of a persor	n described in (i) above? person described in (i) of the supported or (ii) of the supported or (iii) of the supported or	r (ii) above	7			· · · · · · · · · · · · · · · · · · ·		1.181	
h Provide the fo	llowing information	about the supported org					(ul) le i	the 1	(vil) Amou	nt of
		(iii) Type of	(Iv) is the or	ganization	(v) Did you	notify the	(vl) is organizațio	n in col	Subbos	t.
(i) Name of supported	(II) EIN	organization	in cal. (I) ils	tea iu your	Olfatticum) OO!	(I) organize U.S.	?	3-P F	
organization		(described on lines 1-9 above or IRC section	governing d	OCUMBIAL			Yes	No		
		(see instructions))	Yes	No	Yes	No	100	 +		
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Schedule A (Form 990 or 990-EZ) 2011 CARING FOR OUR CHILDREN FOUNDATION 91-2125851 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	fails to qualify under the tests	isted below, pleas	se complete Part I				
Sect	ion A. Public Support			(c) 2009	(d) 2010	(e) 2011	(f) Total
Cales	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(6) 2009	(5)		
Valen	Gifts, grants, contributions, and	İ					0045550
• '	nembership fees received. (Do not		603,107.	526,186.	635,711.	569,280.	2917558.
	nclude any "unusual grants.")	583,274.	603,107.	320123			
•	Tax revenues levied for the organ-				1	•	
~	ization's benefit and either paid to				_		
	or expended on its behalf						
2	The value of services or facilities				ļ	l	ļ
3	furnished by a governmental unit to		1				00477550
	the organization without charge		603 107	526,186.	635,711.	569,280.	2917558.
4	Total. Add lines 1 through 3	583,274.	003,107				
5	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						2917558.
	column (f)	1912					2917330.
6	Public support. Subtract line 5 from line 4.		A STATE OF THE PARTY OF THE PAR	35 1			/O Total
Sa	ction B. Total Support		(b) 2008	(c) 2009	(d) 2010 . 635,711	(e) 2011	(f) Total . 2917558.
Cal	endar year (or fiscal year beginning in)	(a) 2007 583, 274	$\frac{602,000}{603,107}$. 526,186	635,711	. 569,280	. 23113301
7	Amounts from line 4	583,214	1 003720		7		
8	Gross Income from interest,	ì				}	
	dividends, payments received on	ţ	ł	}	1		
	securitles loans, rents, royalties	ļ	1				
	and income from similar sources					1	
g	Net income from unrelated busines	s				\	
	activities, whether or not the	1	i				
	business is regularly carried on	·			1		
10	Other income. Do not include gain	· k	- [į	1		
	or loss from the sale of capital	\			and the same of the first of		2917558.
	assets (Explain in Part IV.)				20 10 10 10 10 10 10 10 10 10 10 10 10 10	12	59,029.
1	1 Total support. Add lines 7 through 1 2 Gross receipts from related activiti	on ata (see instit	ections)	*****			
1	2 Gross receipts from related activity	es, etc. (see all est	on's first, second,	third, fourth, or fif	th tax year as a se	Clini an i (n)(n)	▶□
1	Total support. Aud lines Gross receipts from related activit First five years. If the Form 990 is organization, check this box and sorganization.	ton here					
	omanization, check this box and a		Dorcentede				100.00 %
S	ection C. Computation of Pu 4 Public support percentage for 20	1 (line 6, column	(f) divided by line	11, column (1)		15	100.00 %
1							ls box and
1	5 Public support percentage from 2 6a 33 1/3% support test - 2011. If t stop here. The organization quali	he organization di	d not check the b	ox on line 13, and	INB 14 IS 55 IVOV		▶ [X]
•							
	b 33 1/3% support test 20 lot with	qualifies as a publ	icly supported org	anization		6b, and line 14 is	10% or more,
		THSL - ZUI IO II III	J -1-9		Lasa Evalain i	U SHILL IN HOM ON	Q1 9
	in and if the organization meets the meets the "facts-and-circumstant	*facts-and-circum	istances" test, chi	eck this box and a	cop nero: expension	````	▶□
	more, and if the organization med organization meets the "facts and 18 Private foundation, if the organical	d-circumstances*	test. The organize	ILION QUBIILIUS 85 8	or 17b. check this	box and see instr	ictions
	organization motion. If the organi	zation did not che	ck a box on line 1	3, 108, 100, 178, 1		Schedule A (For	m 990 or 990-EZ) 2011
	18 Private loundadonii att						

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be	JUNT, PROGOT TELL					
A Bublic Support					(-) 0011	(f) Total
Section A. Public Support	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	11/10.0
alendar year (or liscal year beginning in)						
1 Gifts, grants, contributions, and membership fees received. (Do not						ŀ
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-		1				
formed or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose			ļ	!		
3 Gross receipts from activities that are not an unrelated trade or bus-				1		
iness under section 513						
				\		1
4 Tax revenues levied for the organ- ization's benefit and either paid to	}		1		1	
or expended on its behalf					 	
of exportant and			1	[ļ	
5 The value of services or facilities furnished by a governmental unit to				1		
the organization without charge				 	-	
the organization warrous 5			<u> </u>	 		
6 Total. Add lines 1 through 5				1	1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					+	
b Amounts included on lines 2 and 3 received			1			į.
from other than disqualified persons trial			ļ	1	1	
overed the greater of \$5,000 or 1% of the				 		
amount on line 13 for the year		T				
c Add lines 7a and 7b	图: 计数据数				1 2 2 1 420 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
8 Public support (State References) Section B. Total Support				1 0040	(e) 2011	(f) Total
Section B. Iolai Support						
to the standards healthing in	(a) 2007	(b) 2008	(c) 2009	(d) 2010	- (9) <u>- (9) - (9)</u>	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(0)231	
Calendar year (or fiscal year beginning in)		(b) 2008	(c) 2009	(d) 2010	10,20	
9 Amounts from line 6		(b) 2008	(c) 2009	(d) 2010	(9/2011	
9 Amounts from line 6		(b) 2008	(c) 2009	(d) 2010	(9)20	
Oalendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources		(ь) 2008	(c) 2009	(d) 2010	(9,20.1	
9 Amounts from line 6		(b) 2008	(c) 2009	(d) 2010	(9,20.	
Qualified Paragraphics Quali	38	(b) 2008	(c) 2009	(d) 2010	(9,20.	
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975	38	(b) 2008	(c) 2009	(d) 2010	(9,20.	
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b	38	(b) 2008	(c) 2009	(d) 2010	(9,20.	
Quiendar year (or fiscal year beginning in) Amounts from line 6 Toa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 C Add lines 10a and 10b Net income from unrelated busineset in the section of included in line 10b,	38	(b) 2008	(c) 2009	(d) 2010		
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, uppether or not the business is	38	(b) 2008	(c) 2009	(d) 2010		
Quiendar year (or fiscal year beginning in) Amounts from line 6 Toa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain	38	(b) 2008	(c) 2009	(d) 2010		
Oalendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain	35	(b) 2008	(c) 2009	(d) 2010		
Quiendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	38					ganization,
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	35		Asid fourth or fif	th tax year as a se	ction 501(c)(3) org	ganization,
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Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12 the Check this box and stop here	ss	lon's first, second,	third, fourth, or fif	th tax year as a sec	ction 501(c)(3) or	ganization,
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Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12 third support (Add lines 9, 10c, 11, and 12 third five years. If the Form 980 is check this box and stop here Section C. Computation of P. 16 Public support percentage from 20	ublic Support (line 8, column coto Schedule A,	lon's first, second, Percentage (f) divided by line Part III, line 15	third, fourth, or fif	th tax year as a sec	otlon 501(c)(3) org	ganization,
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12 the first five years. If the Form 990 is check this box and stop here Section C. Computation of Public support percentage for 20 the public support percentage from 2 Section D. Computation of Ir	ss for the organizat ublic Support 11 (line 8, column co10 Schedule A, ovestment Inc.	lon's first, second, Percentage (f) divided by line Part III, line 15 come Percentage	third, fourth, or fif 13, column (f))	th tax year as a sec	16 18 17 19 19 19 19 19 19 19 19 19 19 19 19 19	
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Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support add fines 9, 10c, 11, and 12 first five years. If the Form 990 is check this box and stop here Section C. Computation of P 16 Public support percentage for 20 Public support percentage for 20 Section D. Computation of Ir 17 Investment income percentage for 18 Investment income percentage for 19 Investment Income 19 In	ublic Support 11 (line 8, column 2010 Schedule A, ivestment Inc. or 2011 (line 10c, or 2010 Schedule f the organization	Percentage (f) divided by line Part III, line 15 column (f) divided le A, Part III, line 1 did not check the	third, fourth, or fif 13, column (f)) age by line 13, column 7 box on line 14, and	th tax year as a second	tion 501(c)(3) org	line 17 is not
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12 this five years. If the Form 980 is check this box and stop here Section C. Computation of Public support percentage for 20 16 Public support percentage from 2 Section D. Computation of Ir 17 Investment income percentage from 18 Investment income percentage from 19a 33 1/3% support tests - 2011. It	s for the organizat ublic Support 11 (line 8, column 2010 Schedule A, ovestment Inc. or 2011 (line 10c, or m 2010 Schedule f the organization ox and stop here	Percentage (f) divided by line Part III, line 15 come Percenta column (f) divided le A, Part III, line 1' did not check the the organization	third, fourth, or fif 13, column (f)) age by line 13, column box on line 14, and qualifles as a public	(f)) d line 15 is more the lichy supported org	tion 501(c)(3) org	line 17 is not ▶ [/3%, and
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Employer Identification number

ternal Revenue Service	PREM BOUNDAMION	91-2125851
Part Organization CARING FOR OUR CH	LDREN FOUNDATION	is or Accounts. Complete if the
Organizations Maintaining Donor Advis	ea Funds of Other States	
organization answered "Yes" to Form 990, Part IV, ii	ne 6. (a) Donor advised funds	(b) Funds and other accounts
OI Bainzadori ario	(a) Donor advisad funds	
1 Total number at end of year		
1 Total number at end of year		
2 Aggregate contributions to (during year) 3 Aggregate grants from (during year)		
Aggregate grants from (uniting year) Aggregate value at end of year		reland funds
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors 6 Did the organization inform all donors and donor advisors	in writing that the assets held in donor ad	Yes No
5 Did the organization inform all donors and donor advisors are the organization's property, subject to the organization	n's exclusive legal control?	t d onbt
are the organization's property, subject to the organization all grantees, donors, and dono bid the organization inform all grantees, donors, and donors.	r advisors in writing that grant funds can	De used only
Did the organization inform all grantees, donors, and dono for charitable purposes and not for the benefit of the donor	er or donor advisor, or for any other purpo	Yes No
for charitable purposes and not for the benefit of the dono impermissible private benefit?		2. Flort IV, line 7.
impermissible private benefit?	organization answered "Yes" to Form 99	O, Part IV, Into 1.
for charitable purposes and first impermissible private benefit? Part II Conservation Easements. Complete if the Purpose(s) of conservation easements held by the organic purpose(s) of conservation easements.	zation (check all that apply).	the shall be important land area
Purpose(s) of conservation easements had by the same preservation of land for public use (e.g., recreation).		HIStorically unportain in the
Preservation of land for public use (e.g., resident	Preservation of a	certified historic structure
Protection of natural habitat		to account on the last
Preservation of open space	ualified conservation contribution in the f	orm of a conservation eastment of
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a q		Held at the End of the Tax Ye
day of the tax year.		120 F20 111 E
		2a
a Total number of conservation easements		2b
Latel acreage restricted by Conservation easements	to landard in (a)	
c Number of conservation easements on a continuo visita	bed after 8/17/05, and not on a historic s	tructure
d Number of conservation easements included in (c) acquisited in the National Register	Boo miles of the second	2d l
listed in the National Register	d released extinguished, or terminated I	by the organization during the tax
a Number of conservation easements modified, training		
4 Number of states where property subject to conservation the	n easthche is the start of the section of the secti	ng of Yes 🔲
4 Number of states where property subject to conservation 5 Does the organization have a written policy regarding the	is holde?	165
Does the organization have a written policy regarding the violations, and enforcement of the conservation easems Staff and volunteer hours devoted to monitoring, inspecting.	ents it holds?	ents during the year
I I MANAY KANING MAYDIED TO INCINCATION	Neg conditions	Milling (1)6 Year P
- Amount of expenses incurred in thomselving	the requirements of secur	
Amount or expenses interest and section 170(h)(4)(B)(ii)? Amount or expenses interest reported on line 2(d and section 170(h)(4)(B)(ii)?	above satisfy the requirement	Tes Land
8 Does each conservation easement reported on line 20 and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation that the text of the footnote to the organization.	the seesments in its revenue and ex	cpense statement, and balance sneet, and
and section reports cons	servation easements at the servation easements that des	cribes the organization's accounting for
and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports consumption include, if applicable, the text of the footnote to the organization.	ganization's unancial statements	- A to
Include, if applicable, the text of the footnote to the big conservation easements. Part III Organizations Maintaining Collection answered "Yes" to	as of Art Historical Treasures	or Other Similar Assets.
Conservation Statement Collection	ons of Art, Hotoria	
Part III Organizations Maintaining Consecution Complete if the organization answered "Yes" to 18 If the organization elected, as permitted under SFAS 1	Form 990, Part to report in its revenue	statement and balance sheet works of art,
1a If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put its fleenist statements that	16 (ASC 958), not to report in the research in t	urtherance of public service, provide, in Part
18 If the organization distribution is similar assets held for pul	blic exhibition, education, or research	
historical treasures, or other similar assets field for put the text of the footnote to its financial statements that the text of the footnote to a financial statements that b If the organization elected, as permitted under SFAS	describes these items.	atement and balance sheet works of art, hist
the text of the location elected, as permitted under SFAS	116 (ASC 958), to report in its revenue of	e of public service, provide the following am
the text of the footnote to its financial statements that b if the organization elected, as permitted under SFAS treasures, or other similar assets held for public exhib	ition, education, or research in furtherand	
treasures, or other same acceptance		\$
treasures, or other similar assets neid for public extensions relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X	***************************************	> \$
(i) Revenues included in Full 1999, 1		Spencial gain, provide
(II) Assets included in Form 950, and the set history	rical treasures, or other similar assets for	Hillipitore amarita
2 If the organization received or the paragraph under	SFAS 116 (ASC 958) relating to those to	▶ \$
the following amounts required to be reported that		> \$
2 If the organization received or held works of any most the following amounts required to be reported under a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		
b Assets included in Form 990, Part A		Schedule D (Form 990
		CA114-2014 - 1:

		FOR OUR CH						91-21			
Pa	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	ion, and other recor	ds, check :	any of the	following that	are a si	gnificant I	use of its	collectio	n item	าร
	(check all that apply):		_								
а	Public exhibition	•			change prograr						
b	Scholarly research	•	0لــا ه	ther				-			
C	Preservation for future generations										
4	Provide a description of the organization's co							se in Pa	t XIV.		
5	During the year, did the organization solicit o							_	-1	_	٦.
	to be sold to raise funds rather than to be ma								J Yes		<u> No</u>
Pa	Escrow and Custodial Arran		lete if the c	rganizatio	on answered "\	res" lo i	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par			4 14 41							
1a	Is the organization an agent, trustee, custodi							<u></u>	٦] No
	on Form 990, Part X?					•••••	• • • • • • • • • • • • • • • • • • • •	ـــ ــــــــــــــــــــــــــــــــــ	」Yes	<u> </u>	0N C
b	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing tal	DI8:			[A		
							1 42		Amoun		—
C	Beginning balance										
	Additions during the year						1 . 1	 			
8	Distributions during the year										
f	Ending balance	000 D-4V #				••••••			Yes	$\neg \Box$	INO
	Did the organization include an amount on Fo		217	•••••••••••	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		J 162	-	7 140
	If "Yes," explain the arrangement in Part XIV. TV Endowment Funds. Complete if		nowarod *\	oe" to Ec	orm GCO Part IV	/ line 10	<u> </u>				
га	Endownient Funds. Complete	(a) Current year	(b) Pric		(c) Two years			ears hack	(e) Four	vears	back
4-	Basinalas of washalana	(a) Current year_	(D) FIR	и уван	(c) mo years	Dack 11	<u>u/ 111100 y</u>	ours saon	(0):00:	, jour	
1a	Beginning of year balance		<u> </u>		 				The second secon		
	Contributions		 		 						
	Net investment earnings, gains, and losses				 	-					
	Grants or scholarships			_		- 					
9	Other expenditures for facilities		Ι.		j	- 1				134 2 133 (
	and programs				 						
	Administrative expenses										127
g	End of year balance	ront year and halan	e (line 1a	column f	all hold as						
2	Board designated or quasi-endowment		% %	Cotambile	ajj riold es.						
a	Permanent endowment	%									
D	Temporarily restricted endowment	% %									
С	The percentages in lines 2a, 2b, and 2c shou										
20	Are there endowment funds not in the posse		ration that	are held s	and administer	d for th	e organiz	ation			
Ja	by:	30.07, 0. a.to 0.ga					•		ſ	Yes	No
	(i) unrelated organizations								- I		
	(ii) related organizations										
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedu	le R?					3b		
4	Describe in Part XIV the intended uses of the										
	t VI Land, Bulldings, and Equipm	ent. See Form 99	0, Part X, II	ne 10.							
	Description of property	(a) Cost or o			t or other	(c) Ac	cumulate	d	(d) Bool	k valu	18
		basis (investi	ment)	basis	(other)		reciation				
18	Land						- 1.0°-Y-				
	Buildings										
	Leasehold Improvements						_				
	Equipment	_									
	Other							_			
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column	(B), line	10(c).)						0.

Schedule D (Form 990) 2011

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25.	(b) Book value	
1. (a) Description of liability		
(1) Federal Income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fix 46 (ASC 740) Foomore, in Part XIV, provide this text of the toomore to this organization.		Transic Sections and tox positions trace

	AND CULL DEEN E	NOTINGUINITON		91-212	5851 Page 4
Schad	ule D (Form 990) 2011 CARING FOR OUR CHILDREN EXI Reconciliation of Change in Net Assets from Form 990	to Audited Fina	ncial State	ments	
Parl	XI Reconciliation of Change in Net Assets from Form 990	to Additod . Mil	111		595,082.
					611,410.
	D-4 W umh (A) BP 20	,			-16,328.
	Cubicact line 2 (fOID IIDH I				

	a and facilities	***************************************			
		·····			

8	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8		10		-16,328.
9	Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	venue per	Return	
10 I Dor	Excess or (deficit) for the year per audited financial statements, Combine lines to XIII Reconciliation of Revenue per Audited Financial States to XIII Reconciliation of Revenue per Audited financial statements	Ments Mini Ho	vollar por	Til	595,082.
	- I also and other gunner ber audited intarical states the				
1	the standard but not on Form 880, Fert Yill, 800 ter	1 1			
2		2a			
				一层量	
b	Donated services and use of faculties Recoveries of prior year grants	2c		- [돌	
C	Other (Describe in Part XIV.)	2d			0.
đ	Other (Describe in Part Aiv.)			· 2e	595,082.
Ð	Add lines 2a through 2d Subtract line 2e from line 1			· 3 -	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	48		_	
					0.
b	Other (Describe in Part XIV.) Add lines 4a and 4b This must equal form 990, Part I, line 12.)			. 4c _	595,082.
¢	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			. 5	393,002.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) It XIII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses p	er Heturn	611,410.
Pa	Total expenses and losses per audited financial statements			. 1 E. 1954	011/4201
1	Total expenses and losses per audited illiancial statements.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
ε	Amounts included on life in but not on. Donated services and use of facilities	2b			
t	Prior year adjustments	2c			
					Λ.
	Other losses Other (Describe in Part XIV.)		************	2e	611,410.
				3	011,410.
3	Subtract line 2e from line 1				
4	Subtract line 2s from line 1 Amounts Included on Form 990, Part IX, line 25, but not on line 1: Amounts Included on Form 990, Part IX, line 25, but not on line 1:	l 4a			
•		4b			0.
	k / mpr (Describe iii tar / my		********	40	611,410.
	b Other (Describe in Part XIV.) c Add lines 4a and 4b	8.)	*******	5	611,410.
	A Ja Bass 2 and Ac. (This must equal to the out to				
ΙĒ	art YIVI Supplemental Information	- · · · · · · · · · · · · · · · · · · ·	4 A+ Port IV. Iln	as 1b and 2t	o; Part V, line 4; Part
Co	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9 time 2; Part XI, line 8; Part XII, lines 2d and 4b. Als	o complete this part	to provide any	y additional i	nformation.
Y	line 2: Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. As	O COMPILIE WILL			
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				Sched	lule D (Form 990) 2011

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer Identification number** 2125851

Name of the organization	OR OUR CHILDREN FO	OUND.	ATI	ON	91-21258	
CARING F	OR OUR CHILDREN FO	ed 'Ye	s" to F	orm 990, Part IV, lin	e 17. Form 990-EZ fi	iers are not
Part I Fundraising Activities. required to complete this part.	Combiere it the ordering and an arrange					
Indicate whether the organization raise A Mail solicitations Internet and email solicitations X Phone solicitations X In-person solicitations	ed funds through any of the following e Solicitation f Solicitation g Special i	on of gr iundrais (includi	overni ling ev	ment grants vents licers, directors, trus	tees or	X No
2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the ten highest paid indi-	art VII) or entity in connection with p	rofessio	nal fu agree	indraising services? ments under which t	Yes لــــا the fundraiser is to b	
	AMOUNTS OF STREETS ASSESSED.	J				
compensated at least \$5,000 by the (i) Name and address of individual or entity (fundralser)	(II) Activity	(iii) I fundre have cu or contr contribu	old Iser stody	(iv) Gross receipts from activity	(v) Amount pald to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	FUNDRAISING & CALL TO	Yes	No	432,640.	389,289.	43,351.
MIDWEST PUBLISHING INC	ACTION FUNDRAISING & CALL TO ACTION	х		86,037.	77,173.	8,864,
INOVATIVE TELESERVICES	PUNDRAISING & CALL TO			22 222	25,062.	4,876.
CROWN MANAGEMENT SYSTEMS	ACTION FUNDRAISING & CALL TO	×		29,938.	5,736	1 225
COMMUNITY AWARENESS	ACTION	×	-	6,772		
		1_				
			_			
			>	555,38	7. 497,26	58,127.
Total	at a language or licensed to soli	cit cont	ributio	ons or has been noti	fied it is exempt from	n registration
3 List all states in which the organize or licensing. AL, AZ, AR, CA, CO, CT, II	ation is registered of MA ME M	N . MC	, MS	, NH, NJ, NM,	NY,NC,ND,	H, OR, PA, RI
AL, AZ, AR, CA, CO, CT, II	KS, KY, MD, MA, MA					
SC, VA, WA, WI						
	- for Eorm	000 cr	990-5		Schedule G	(Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 CARING FOR OUR CHILDREN FOUNDATION 91-2125851 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundralsing event contributions and gross Income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (b) Event #2 (a) Event #1 (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes _____ Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 In column (d) 11 Net income summary. Combine line 3, column (d), and line 10...... Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than (d) Total gaming (add \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (c) Other gaming col. (a) through col. (c)) (a) Bingo bingo/progressive bingo Revenue Gross revenue 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs _____ Other direct expenses Yes Yes Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: ____ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain: _ Schedule G (Form 990 or 990-EZ) 2011

CARING FOR OUR CHILDREN FOUNDATION 91-2125851 Page 3
Schedule G (Form 990 or 990-EZ) 2011 CARING FOR OUR CHILDREN FOUNDATION 91-2125851 Page 3 11 Does the organization operate gaming activities with nonmembers? 12 In this appropriation a granter, beneficiary or trustee of a trust or a member of a pertnership or other entity formed 12 Yes No
11 Does the organization operate gaming activities with nonmembers?
11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed 13 to administer charitable gaming? 14
to administer charitable gaming r
13 Indicate the percentage of guinning and the second seco
a The organization's facility
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name >
Address ▶ Yes ☐ Yes ☐ No
Address Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
15a Does the organization have a contract with a size of the amount
b If "Yes," enter the amount of gaming revenue received by the organization > and the amount
A service revienue retained by the tilled party by
or gaming revenue rotation by the third party:
Name >
Address >
16 Gaming manager information:

Name >
Gaming manager compensation > \$
Description of services provided
Description of services provided
Independent contractor
Director/officer Employee L Independent contractor
17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No
a Is the organization required under state law to make charitable distributed to other exempt organizations or spent in the
a is the organization required critical retains the state gaming license? The state gaming license? Description of distributions required under state law to be distributed to other exempt organizations or spent in the state gaming license? Description of distributions required under state law to be distributed to other exempt organizations or spent in the state gaming license? Description of distributions required under state law to be distributed to other exempt organizations or spent in the state gaming license? Description of distributions required under state law to be distributed to other exempt organizations or spent in the state gaming licenses? Description of distributions required under state law to be distributed to other exempt organizations or spent in the state gaming licenses?
b Enter the amount of distributions required under state but to organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, Supplemental Information. Complete this part to provide any additional information (see instructions).
organization's own exempt activities during the conjugate to provide the explanations required by Part 1, line 26, countries (in disc (y) and (y) are
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Asset to the second sec
Schedule G (Form 990 or 990-EZ) 201

DULE	
990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

ZU11

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public Inspection

ovenue Service				Attach to Form	990.			Employer identification number 91-2125851
of the organization	NG FOR	OUR CHIL	DREN FOUNDA	TION				
General Information on Oces the organization maintain	Grants and	d Assistance			mntees' eligibility	for the grants or ass	istance, and the selec	tion X Yes No
oes the organization maintain	n records to	substantiate the	amount of the grants	or assistance, the s	Jiantees enginees	•		X Yes No
Does the organization maintain criteria used to award the gran	nts or assista	ance?		ande in the i inited	States.			na na na Od for one
criteria used to award the gran Describe in Part IV the organiz II Grants and Other Assi recipient that received r	stance to G	iovernments and	Organizations in the	t received more tha	an \$5,000. Part il	can be duplicated if	additional space is ne	(h) Purpose of grant
recipient that received r	nore than 3:	5,000. Citeck and	(c) IRC section	(d) Amount of	(e) Amount of	valuation (book,	(g) Description of non-cash assistance	
(a) Name and address of orga or government	anization	(b) EIN	if applicable	cash grant	non-cash assistance	FMV, appraisal, other)	HOIPOLS II	
							1	
AION LOOKOUT								
EVERGREEN WAY. SUITE ETT, WA 98203	201	91-1298249		1,050.	0.			
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A OTHER COUNTRY				522.				
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			}					
		+					<u> </u>	
							1	
			1					
					!			
2 Enter total number of sec	tion 501(c)(3	3) and governmen	t organizations listed i	n the line 1 table .	***************************************			Schedule I (Form 990) (2
2 Enter total number of sec 3 Enter total number of other	or Araskizzki	KOLIZ UZIGO UL UIO II	ine 1 table990					Schedule I (Form 330) (2

_HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE J (Form 990)

Department of the Treasury Internal Rovenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

CARING FOR OUR CHILDREN FOUNDATION

Employer Identification number 91-2125851

CARING	T.: 1
Part I Questions Regarding Compensation	Yes No
ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 99.	o. [혈급병 [현공] [[1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
to Check the appropriate box(es) if the organization provided any or the following to or the personal three items.	
ta Check the appropriate box(es) if the organization provided any or the tollotting tollotting to the tollotting tollot	luse
First-class or charter travel Payments for business use of personal residual Payments for business use of personal Payments for business personal Payments for business personal Payments for business personal Payments for business personal Payments for business	Jence Jence
Travel for companions Health or social club dues or initiation fees	
Tax Indemnification and gross-up payments Personal services (e.g., maid, chauffeur, ch	o
Discretionary spending account	
Discretionary sponding descent	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1b
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payments of the expenses described above? If "No," complete Part III to explain reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	etors
reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision of all of the expenses described above? If "No," complete factor reimbursement or provision	2
2 Did the organization require substantiation prior to reimbursing or allowing expenses incured by an expense	東京 日本語 開業
trustees, and the CEO/Executive Director, regularity	
the difference of the compensation of the organization used to establish the compensation of the organization	
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization used to establish the compensation of the organization of the compensation of the organization used by a related organization of the compensation of the organization of the compensation of the organization of the compensation of the organization of the organization used to establish the compensation of the organization used to establish the compensation of the organization of the organization used to establish the compensation of the organization used to establish th	n to
establish compensation of the CEO/Executive Supplies Written employment contract	
Companyation committee	
Independent compensation consultant	mmiltee Figure 1
Form 990 of other organizations	
The second time second to the filing	
4 During the year, did any person listed in Form 980, Part VII, Section A, line 1a, with respect to the filling	4a X
-insting or a related ordanization:	
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b A
a necessor a consistency payment from, a supplemental nonqualified retirement plant	4c A
b Participate in, or receive payment from, a supplemental nonqualified retirement plant b Participate in, or receive payment from, an equity based compensation arrangement? c Participate in, or receive payment from, an equity based compensation arrangement?	
c Participate in, or receive payment from, an equity-based compensation attangement of the Part III. If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.	
If Tyes to any or most than the	
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	on (2.54) \$3(\$)
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-5. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the persons listed in Form 990. Part VII, Section A, line 1a, did the organization pay or accrue any compensation pay.	
5 For persons listed at Form coop.	5a 3
contingent on the revenues of: a The organization?	5b 2
a The organization? b Any related organization?	
b Any related organization?	
If "Yes" to line 5a or 5b, describe in Part III. If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	
6 For persons listed in Form 500,1 are with	6a
contingent on the net earnings of:	6b
a The organization? b Any related organization?	
b Any related organization?	, te
If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments. The persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments.	7
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any transfer of the section of th	the
A Janabaat in line of the state	11.0
8. Were any amounts reported in Form 990, Fait vii, paid 11, 20, 4059 Molt312 If "Yes." describe in Part III	
initial contract exception described in the state of the presumption procedure described in	الما
9 If "Yes" to line 8, did the organization also follow the reductable prescriptions section 53.4958-6(c)?	Schedule J (Form 990) 2
Populations section 53.4958-6(c)?	Schednie a (Louin and) T

rt II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). not list any individuals that are not listed on Form 990, Part VII.

te. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown	of W-2 and/or 1099-M		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(lii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
	(i)							
	(ii)		 			 		
	(i)							
	(ii)							
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 28, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization CARING FOR OUR CHILDREN FOUNDATION

Employer Identification number 91-2125851

Schedule L (Form 990 or 990-EZ) 2011

	1110 10	. 501	CHIEDRICE: "							
Part Excess Benefit 1	ransacti	ons (sect	ion 501(c)(3) and section	on 501(c)(4) organization	is only).					
Complete if the organ	ization ansv	vered "Yes	on Form 990, Part IV,	line 25a or 25b, or For	m 990·E	Z, Part	V, line 40	b.		
<u> </u>				(b) Description of transaction						ected?
(a) Name of disq	ualified pers	on	(b) Description of transaction						Yes	No
	<u> </u>									
										
						-1				
2 Enter the amount of tax impor	sed on the c	rganizatio	n managers or disquali	lied persons during the	year un	aer	. .			
section 4958					•••••	•••••				
3 Enter the amount of tax, if any	y, on line 2,	above, reir	nbursed by the organiz	ation			🕨 \$			
Partill Loans to and/or	From Int	erested	Persons.							
Complete if the organ	ization ansv	vered "Yes	on Form 990, Part IV	, line 26, or Form 990-E	Z, Part \	/, line 38	Ва		·	
(a) Name of interested	(b) Loan	to or from	(c) Original principal	(d) Balance due	រុ (e) ពេ		(f) Approved by board or			ritten
person and purpose	person and purpose the organization? To From		amount	1 ''	default?		committee?		agree	ment?
			7		Yes	No	Yes	No	Yes	No
MELODY GIBSON - W		110/11	3,310	1,674.		Х	X		X	
ARLODI GIBSON W]
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Total				1,674.			1		2344	
Part III Grants or Assist	ance Be	nefiting	Interested Person	ns.						
			s" on Form 990, Part IV							
(a) Name of interested p			(b) Relationship bety	veen interested person	and	İ	(c) An	nount an	d type o	of
(a) Mario of Microstal P	-1.55		the	organization				assistar	108	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011 CARING FOR OUR CHILDREN FOUNDATION Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's revenues? (d) Description of (b) Relationship between Interested (c) Amount of (a) Name of interested person transaction transaction person and the organization Yes No Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: MELODY GIBSON (A) PURPOSE OF LOAN: WORKING CAPITAL

91-2125851 Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internat Revenue Service Name of the organization

CARING FOR OUR CHILDREN FOUNDATION

Employer Identification number 91-2125851

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GIVES SMALL GRANTS FROM NET PROCEEDS TO LESSER KNOWN, UNDER-FUNDED
NONPROFITS AIDING VICTIMIZED & MISSING CHILDREN. A VOLUNTEER CHILD
SAFETY CALL-TO-ACTION IS PRESENTED TO A NATIONWIDE COMMUNITY; A CARE &
SHARE PROJECT PASSES FORWARD HOUSEHOLD AND CLOTHING GOODS FROM THE
OVERFLOW TO STRUGGLING FOLKS; AND A JOB SKILLS TRAINING EDUCATION IS AT
THE NXT2NU FAMILY THRIFT SHOPPE BASED IN EVERETT, WA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY; A CARE & SHARE PROJECT PASSES FORWARD HOUSEHOLD AND CLOTHING
GOODS FROM THE OVERFLOW TO STRUGGLING FOLKS; AND A JOB SKILLS TRAINING
EDUCATION IS AT THE NXT2NU FAMILY THRIFT SHOPPE BASED IN EVERETT, WA.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE
PRINCIPALS OF THE ORGANIZATION BEFORE FINAL FILING
FORM 990, PART VI, SECTION B, LINE 12C: DETERMINING SALARIES IS USED BY
WAGE SURVEYS CONDUCTED BY THIRD PARTIES
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD APPROVES A BUDGET
INVOLVING OTHER EMPLOYEE WAGES
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AZ, AR, CA, CO, CT, IL, KS, KY, MD, MA, ME, MO, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OR, PA, RI
SC, VA, WA, WI

Schedule O (Form 990 or 9	90 EZ) (2011)										raye z
Name of the organization CARING FOR OUR CHILDREN FOUNDATION							E	Employer identification number 91 – 2125851			
FORM 990, PAR	r VI, S	ECTION (C, LINE	19:	ITS	OWN	WEBSITE,	UPC	ON	REQUEST	AND
OTHERS WEBSIT	such i	AS WATC	HDOG GR	OUPS							
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